

# Work Order ID 50949

July 28, 2009 7:41:46 AM

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Item ID: D3656-1

Revision ID: B

Item Name: PANEL

Start Date: 7/30/09

Start Qty: 4.00

Required Date: 8/04/09

Req'd Qty: 4.00

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run

Start

Stop

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D3656

Rev B

100

0.00



HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks to fit frame size

110

0.00



THERMOFORMING MACHINE

Thermoform

Memo

0.00

Thermoforming Machine

Thermoform as per Dwg D3656-1 and Folio FTA 019 using tool DT 8986 □ Dwg. Rev. B □ Folio Rev. A

120

0.00



QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

Visually inspect for proper formation of each part

BB 09/08/12 X4  
M111973.  
BB 09/08/12 X1

BB 09/08/12 X5

BB 09/08/12 X5

-D3656-766-013

Accept

Setup

Start

Stop

Cust Item ID:

Customer:

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 50949

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Item ID: D3656-1

Accept



Setup Start



Revision ID: B

Stop



Item Name: PANEL

Start Date: 7/30/09 Start Qty: 4.00



Cust Item ID:

Required Date: 8/04/09 Req'd Qty: 4.00



Customer:

Reference:

Run Start



Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	QC8- Inspect parts - second check	0.00							
QC	Memo	0.00							
Quality Control									
140	HAND FINISHING THERMOFORMING	0.00							
Thermoform	Memo	0.00							
Thermoforming Machine	Trim to Finished Dimensions as per dwg D3656								
150	QC2- Inspect parts off machine FAI/FAIB	0.00							
QC	Memo	0.00							
Quality Control	Check dimensions to ensure conformity to drawing tolerances.								

09/08/12 (X5)

08/09/12 (X5)

08/09/12 (X5)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:** Date & initial all entries

# Work Order ID 50949

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Item ID: D3656-1

Accept



Setup Start



Revision ID: B

Stop



Item Name: PANEL

Start Date: 7/30/09

Start Qty: 4.00



Cust Item ID:

Required Date: 8/04/09

Req'd Qty: 4.00



Customer:

Reference:

Run Start



Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop



QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

⇒ 8/10/17

Ⓟ 4

170

Identify as per dwg & Stock Location: \_\_\_\_\_

0.00



Packaging

Memo

0.00

Packaging

9/8/17 Ⓟ Sd

180

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

09/08/18 Ⓟ

MF 09-08-17

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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**NOTE:** Date & initial all entries

# Picklist Print

Page 1

July 28, 2009 7:41:45 AM

Work Order ID: 50949



Parent Item: D3656-1RevB



Parent Item Name: PANEL

Start Date: 7/30/09

Required Date: 8/04/09

Comments:

Start Qty: 4.00

Required Qty: 4.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
MLEXS.093-F6006-07		Purchased	No			100	sf	1,992.616	128.0000			



GE PLASTICS LEXAN SHEET

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
MAT	1992.6166	
107574	16.62	
111973	797.33	
112176	1178.6666	

4 111973  
BB 09/08/12  
(xy)  
4 111973  
BB 09/08/12  
81

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:** Date & initial all entries



DART AEROSPACE LTD		Work Order: 50949
Description: PAINE OVERHEAD READ		Part Number: 3656-1
Inspection Dwg: 3656	Rev: B	Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

#### THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than _____"	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

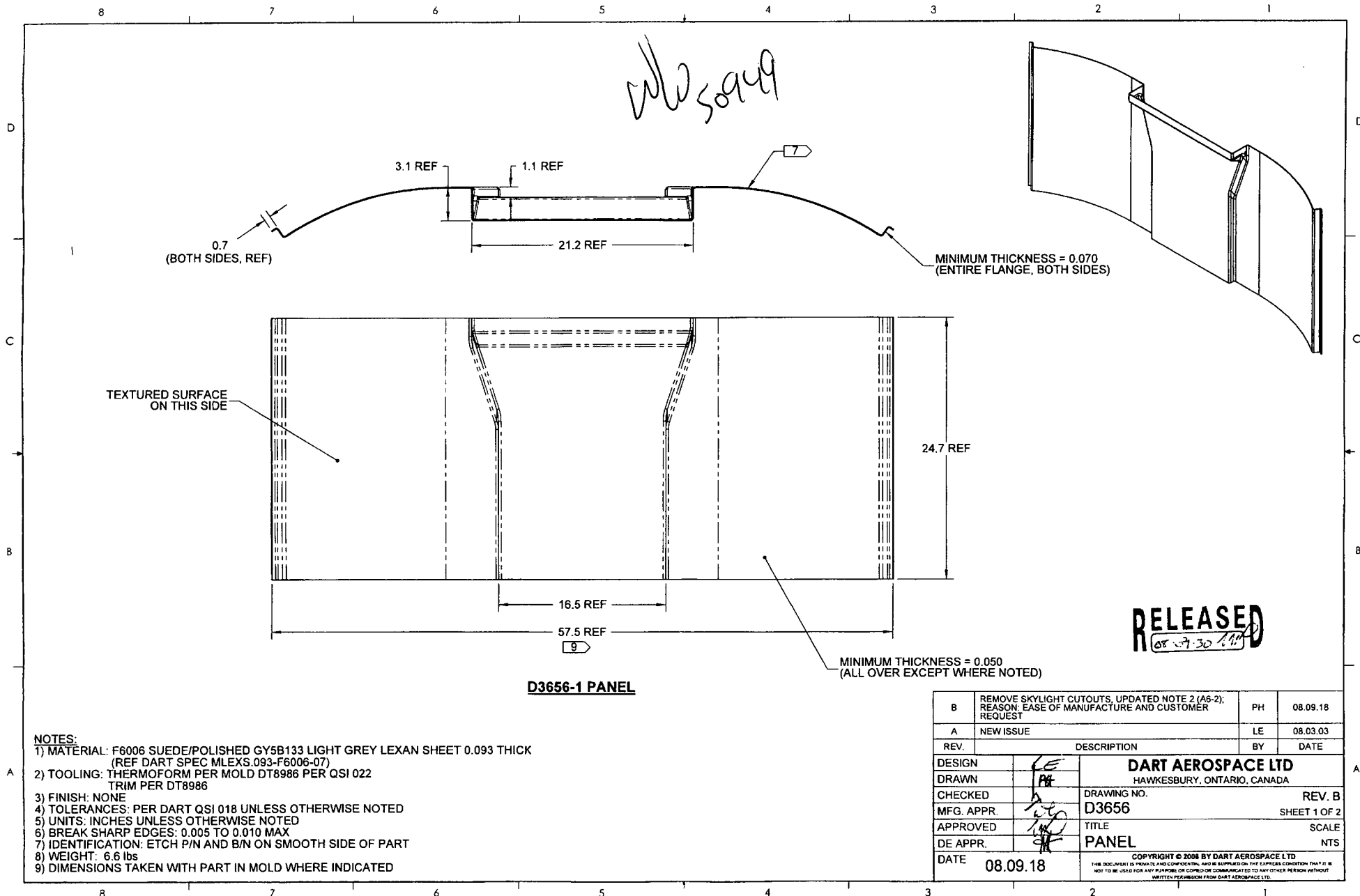
Measured by: BB	Date: 09/08/12
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#### TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
.070	Min	.071	✓			
.050	Min	.066	✓			
24.7	REF	25.25	✓			
.7	REF	.75	✓			

Measured by: BB	Date: 09/08/12
Audited by: [Signature]	Date: 09/08/12
Prototype Approval: [Signature]	Date: [Signature]

Rev	Date	Change	Revised by	Approved
A		New Issue	KJ/DL	



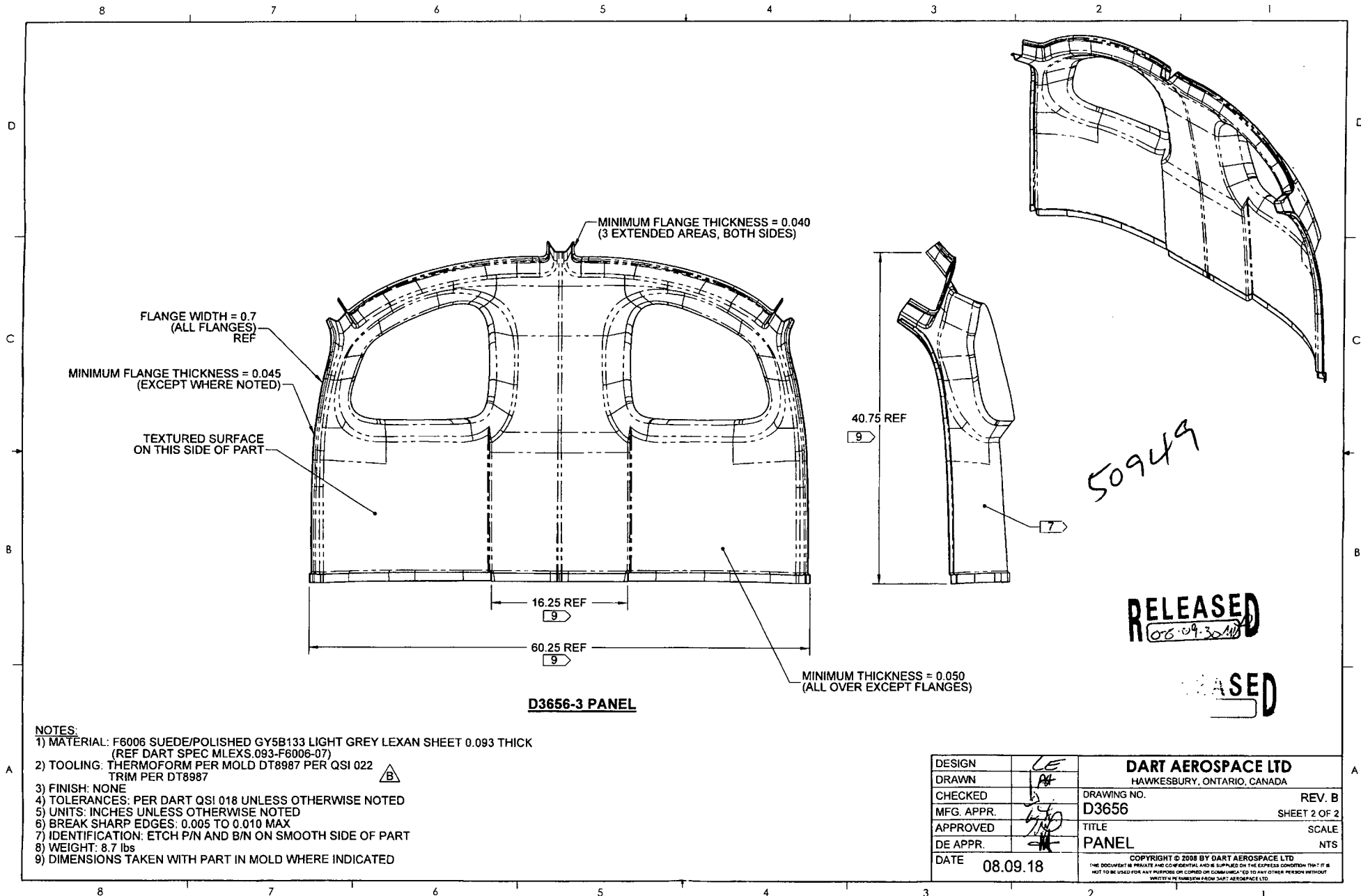
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

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